			OT OTTO TOTTO M
a.	Business, profession or other self-employment	[T T T	
b.	Rent payments, interest or dividends	☐ Yes	☑ No
٥.	real payments, interest of dividends	☐ Yes	☑ No
C.	Pensions, annuities or life insurance payments	C 77	
d.	Disability or workers com-	☐ Yes	1 No
u.	Disability or workers compensation payments	☐ Yes	☑ No
e.	Gifts or inheritances		
f	Any other sources	☐ Yes	☑ No
**	Tarry offices	☐ Yes	IZ No
		100	± 140 ⋅

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

	If "Yes," state the t			<u> </u>	
5. ·	Do you own any rething of value?	al estate, stocks, ☐ Yes	bonds, securities, other	er financial instruments,	automobiles or any oth
	If "Yes," describe t	he property and s	state its value.		
			NIA -0-		
					· ·
	I ist the nersons wh	o are dependent	on you for support, st	ate your relationship to e	ach person and indicate
б.	List the persons wh	o are dependent tribute to their su	pport.	ate your relationship to e	ach person and indicate
б.	List the persons wh how much you con	o are dependent rribute to their su	on you for support, st. pport. N/A -0-	ate your relationship to e	ach person and indicate
6.	List the persons wh how much you con	o are dependent tribute to their su	pport.	ate your relationship to e	ach person and indicate
-	how much you con	ribute to their su	ρροτί. Λ/Α −0−		ach person and indicate
-	how much you con	ribute to their su	pport.		ach person and indicate

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

M/D-6

IN THE U	NITED STATES D MIDDLE DISTRIC	STRICT OT OF AL	COURT ABAMA	FOR	THE
	-	D	IVISION		

¥ ; **
(HMRLUS Hicks # 246241 D3-12
FRANK LEE YOUTH CENTER
P.U. Bux 220410
DEATSUILE, AL 36022
Plaintiff(s)
v.
Commissioner Richard Allen ET, M)
Commissioner Richard Allen ET, MI
Medical Securces, 416 Many
LINDSAY PANK DR. Suite 515
FRANKLIN TN 37067 Defendant(s)

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff(s) <u>CHARLES</u> <u>Hrcks</u> <u>J46341 - D3-12, J.L4.6. P.0.8. J30410, Dentsuille</u> AL moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached swom affidavit in support of the motion.

y Charles Hichs
Plaintiff(s) signature